
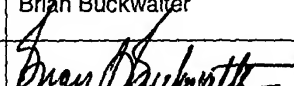


Please type a plus sign (+) inside this box → 

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. <b>R0125C-CON</b>	
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		First Inventor	Madera, Ann Marie et al.
		Title	<b>Amino-Tetralin Derivatives as Muscarinic Receptor Antagonists</b>
		Express Mail Label No.	EH814668088US
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>55</b>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b>]</p> <p>5. Oath or Declaration [Total Pages <b>2</b>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <b>10/308,092, filed 12/2/02</b> Prior application information: Examiner <b>Aulakh, Charanjit</b> Group / Art Unit: <b>1625</b> For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application(s), from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.			
17. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		24372 <i>(Insert Customer No. or Attach bar code label here)</i>	
Name		Roche Palo Alto LLC	
Address		Patent Law Dept. M/S A2-250 3431 Hillview Avenue	
City	Palo Alto	State	CA
Country	USA	Telephone	(650) 855-5311
		Zip Code	94304
		Fax	(650) 855-5322
Agent	Brian Buckwalter		Registration No. (Attorney/Agent)
Signature			Date
			6/26/2003

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06/27/03

<h2 style="margin: 0;">FEE TRANSMITTAL for FY 2003</h2> <p style="margin: 5px 0 0 40px;">Patent fees are subject to annual revision.</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Request for continuation of pending application No. 10/308,092, filed 12/2/02</td> </tr> <tr> <td>Filing Date</td> <td>herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Madera, Ann Marie et al.</td> </tr> <tr> <td>Examiner Name</td> <td>unassigned</td> </tr> <tr> <td>Group / Art Unit</td> <td>unassigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>R0125C-CON</td> </tr> </table>		Application Number	Request for continuation of pending application No. 10/308,092, filed 12/2/02	Filing Date	herewith	First Named Inventor	Madera, Ann Marie et al.	Examiner Name	unassigned	Group / Art Unit	unassigned	Attorney Docket No.	R0125C-CON
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TOTAL AMOUNT OF PAYMENT (\$)		1200.00													

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, to charge any additional fees that may be required, or to credit any overpayments to:</p> <p>Deposit Account Number: <b>18-1700</b></p> <p>Deposit Account Name: <b>Roche Palo Alto LLC 3431 Hillview Avenue Palo Alto, CA 94304</b></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</p>	<p><b>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Brian Buckwater	Registration No. Attorney/Agent	46,585
Signature		Telephone	650/855-6995
		Date	6/26/2003